

U.S. Department of Justice  
 United States Marshals Service

PROCESS RECEIPT AND RETURN

RECEIVED

USM-285

PLAINTIFF  
 UNITED STATES OF AMERICA

COURT CASE NUMBER  
 03-54E

DEFENDANT  
 Real Property Known and Numbered As 12 East 11th St. , et al.

1003 DEC 10 A 6:20

TYPE OF PROCESS

DESTROY PROPERTY

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 AT { SEE BELOW  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

FILED

MARY MCKEEN HOUGHTON  
 ASSISTANT U.S. ATTORNEY  
 633 U.S.P.O. & COURTHOUSE  
 PITTSBURGH, PA 15219  
 (412) 644-6750

OCT 25 2006

CLERK, U.S. DISTRICT COURT  
 WEST. DIST. OF PENNSYLVANIA

Number of process to be  
 served with this Form 285

Number of parties to be  
 served in this case

Check for service  
 on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,  
 All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

According to the attached Final Order of Forfeiture and Order dated October 6, 2003, please destroy the drug paraphernalia.

Signature of Attorney/Other Originator requesting service on behalf of: <i>Mary Mckeen Houghton</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	412-894-7398	<i>10/3/03</i>

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date	Time
	<i>03/14/2006</i>	<i>11:30</i>
	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm	
	Signature of U.S. Marshal or Deputy <i>By L. Fallon</i>	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
<i>✓</i>			<i>✓</i>		

REMARKS:

Asset ID# 03-DEA-418390, 03-DEA-418392, 03-DEA-418394, 03-DEA-418396, 03-DEA-418399, 03-DEA-418402

*See remarks in destruction order of drug paraphernalia*

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED